

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-878)

SERIAL NO. **10/069357**

FILED DATE

APPLICANT(S)

10-22-04 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
13		2				
14		2				
15		2				
16		2				
17		2				
18		2				
19		2				
20		2				
21		2				
22		2				
23		2				
24		1				
25			1			
26			1			
27			1			
28			1			
29			1			
30			1			
31			1			
32			1			
33			1			
34			1			
35			2			
36			1			
37			1			
38			1			
39			1			
40			1			
41			1			
42			2			
43			2			
44			2			
45			2			
46			2			
47			2			
48			2			
49			2			
50			2			
TOTAL IND.	1		1			
TOTAL DEP.		32				
TOTAL CLAIMS		33				

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS